

**DISCOVERY 2020 TEAM LEADER FORM**

**Please include \$30. Check payable to St. Joseph Youth Apostolate or \$30. Cash**

**This Fee covers the cost of the Team Shirt as well as food and materials for the Retreat weekend**

**ST. JOSEPH YOUTH APOSTALATE**

**PERMISSION FORM**

Parent Consent Form

I/We, the parents(s) of \_\_\_\_\_ request that the parish allows

my child to participate in the Discovery Team Meetings and Team Retreat to be held April 27-28,2019.

In consideration for making the arrangements for this activity, we hereby release and save harmless the parish, archdiocese, its employees, officers and agents from any and all liability, suits, causes and claims arising to my/our son/daughter as a result of, or in connection with, this activity. In case of injury or related Emergency, I/we authorize that First Aid be administered to my/our child by a person qualified to render such service if deemed necessary by the Director of Youth Ministry or chaperones. Please note allergies, special needs/health conditions and any medication youth is taking:

\*I, \_\_\_\_\_ have read and understand the above statement.\*

Parent Please sign and date here : \_\_\_\_\_

Name of Teen(s) Attending: \_\_\_\_\_

Please list any allergies or other important health information:

\_\_\_\_\_  
\_\_\_\_\_

Persons to contact in case of an emergency:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Health Insurance Information: **Please fill in only if your student is NOT officially registered for the 2019-20 Youth Apostolate Program. If your registration is on file we have your insurance information.**

Name of Insurance Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_ ID Number: \_\_\_\_\_